



City of Glendale
KeenanDirect for Early Retirees
Futuris Care for Medicare Eligible Retirees
Overview
September 3, 2015

Enrollment Calendar 2016 – Covered California and the Federal Marketplace

For Early Retirees Who Are Not Medicare Eligible

- **November 1, 2015:** Open Enrollment starts — first day you can enroll in a 2016 Marketplace plan
- **January 1, 2016:** First date 2016 coverage can start
- **January 31, 2016:** 2016 Open Enrollment ends
- If you don't enroll in a 2016 plan by January 31, 2016, you can't enroll in a health insurance plan for 2016 unless you qualify for a [Special Enrollment Period](#)

Enrollment Calendar 2016 – Covered California and the Federal Marketplace

For Early Retirees Who Are Not Medicare Eligible Special Enrollment Period (SEP)

- A time outside of the open enrollment period during which you and your family have a right to sign up for health coverage.
- In the Marketplace, you qualify for a special enrollment period 60 days following certain life events that involve a change in family status (for example, marriage or birth of a child) or loss of other health coverage
- Job-based plans must provide a special enrollment period of 30 days

Medicare Open Enrollment 2016

For Medicare Eligible Retirees

- Medicare Open Enrollment Reminder for 2016:
 - October 15, 2015 to December 7, 2015
- The City of Glendale's Open Enrollment:
 - Medicare and Non Medicare Eligible Retirees
- City's Open Enrollment
 - April 2016, specific dates have not been set



KeenanDirect - Diversified Product Portfolio For Individuals Who Are Not Medicare Eligible

- Access to all major California Health Insurance plans – in and out of the exchange
- Exclusive relationship with dental and vision providers; plus PPO and other HMO options
- Supplemental coverage plans for accidents, critical illness, cancer and term life
- Available 8am to 6pm Monday-Friday
- Consultative plan selections with experienced agents
- No Cost Service

5 Steps to Navigate the KeenanDirect Website

Step 1: Enter Zip code

English | Español Agent Support 855-653-3626 Email

KeenanDirect Insurance Resources About Us Languages/Idiomas

Welcome
Enter your zip code below and find the coverage that meets the needs of you and your family.

Zip Code [Get Quote](#)

Do You Qualify for a Subsidy?
Try our calculator

SHOP WITH EXPERT GUIDANCE
This new Keenan service is an extension of more than 40 years of experience in providing a range of insurance programs to school districts, cities and health care organizations in California. It is a response to the new world of health insurance coverage under the Affordable Care Act and is designed to be easy and convenient with the customer service and counseling you need, plus quick online health insurance quotes.

CONTACT US
[Call 855-6-KEENAN \(855-653-3626\)](#)
[Send Email](#)
[Connect on Facebook](#)

Your featured carriers: Health Net COVERED CALIFORNIA Cigna KAISER PERMANENTE Anthem Blue Cross blue of california

Step 2: Select Coverage Type (e.g. Health) and Type of coverage (e.g. Individual or Family quotes) and Submit (button)

English | Español Agent Support 855-653-3626 Email

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Select Coverage
We can help with a variety of coverages such as medical coverage, short-term medical, dental, vision, and life. Complete the form below to get started!

WHAT KIND OF COVERAGE ARE YOU LOOKING FOR?
Select Coverage
Health
☒ Individual / Family
☐ Child
☐ Senior Plans (Ages 65+)
Please provide the agent name who had assisted
Web
[Submit](#)

CONTACT US
[Call 855-6-KEENAN \(855-653-3626\)](#)
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Your featured carriers: Health Net COVERED CALIFORNIA Cigna KAISER PERMANENTE Anthem Blue Cross blue of california

5 Steps to Navigate the KeenanDirect Website cont...

Step 3: (A) At a minimum enter required files marked by an asterisk (*); Email, phone number, DOB, Zip Code, relationship (if applying with dependents)

(B) Medical Plan Type; Health Off Exchange (income over 400% FPL or Health On Exchange (income under 400% FPL), Effective Date of Coverage

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Returning Applicant? [Log In](#)

Who are you shopping for?

Enter the information requested below for the insured plan members to be included in this proposal.
NOTE: Items with * are required

Primary Applicant Info

First Name:
Last Name:
Email: *
Phone: *
State:
City:
Address:

Covered Members

	FirstName	Relationship	Gender	DOB	Zip Code	County	Tobacco
Applicant	<input type="text"/>	Self	M	<input type="text"/>	<input type="text"/>	LOS ANGELES	<input type="text"/>
Spouse	<input type="text"/>	Relationship <input type="text"/>	F	<input type="text"/>	<input type="text"/>	LOS ANGELES	<input type="text"/>
Dependent	<input type="text"/>	Relationship <input type="text"/>	M	<input type="text"/>	<input type="text"/>	LOS ANGELES	<input type="text"/>

[Add Dependent](#)

Medical Plan Type

☒ Health Off Exchange ☐ Health On Exchange ☐ Short-Term, Up to 12 months of Temporary Coverage

Requested Effective Date: October November December What is your current health plan premium? (optional): \$ month

☐ Remember My Quote Information [Continue](#)

Licensee: The Keenan & Associates - Insurance License: 0451271 | Returning Applicant?
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Step 4: Select Plans and Apply

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Need Assistance?
Call 1(855)423-2343

Narrow Your Results

Available Plans Sort By: Company Name Plan Type Deductible Premium

1 Minimum Coverage HSP CATASTROPHIC

Medical & Drug Deductible: \$6,600
Medical & Drug Out-of-Pocket: \$6,600
Primary Care Visit: 0% after ded.
Urgent Care: 0% after ded.
Inpatient Hospital: 0% after ded.
Generic Drugs: 0% after ded.
Preferred Brand Drugs: 0% after ded.

[Check to compare](#) [Compare](#) [Apply Now](#) **\$374.23** Monthly Premium

[View Plan Details](#) [View Doctors & Providers](#) [View Similar Plans](#)

2 Minimum Coverage PPO CATASTROPHIC

Medical & Drug Deductible: \$6,600
Medical & Drug Out-of-Pocket: \$6,600
Primary Care Visit: 0% after ded.
Urgent Care: 0% after ded.
Inpatient Hospital: 0% after ded.
Generic Drugs: 0% after ded.
Preferred Brand Drugs: 0% after ded.

[Check to compare](#) [Compare](#) [Apply Now](#) **\$398.94** Monthly Premium

[View Plan Details](#) [View Doctors & Providers](#) [View Similar Plans](#)

3 Minimum Coverage D EPO CATASTROPHIC

Medical & Drug Deductible: \$6,600
Medical & Drug Out-of-Pocket: \$6,600
Primary Care Visit: \$0(x3) + 0%(4+)
Urgent Care: 0% after ded.
Inpatient Hospital: 0% after ded.
Generic Drugs: 0% after ded.
Preferred Brand Drugs: 0% after ded.

[Check to compare](#) [Compare](#) [Apply Now](#) **\$412.77** Monthly Premium

[View Plan Details](#) [View Doctors & Providers](#) [View Similar Plans](#)


4 Kaiser Permanente - Minimum Coverage H... CATASTROPHIC

Medical & Drug Deductible: \$6,600
Medical & Drug Out-of-Pocket: \$6,600

5 Steps to Navigate the KeenanDirect Website cont...

Step 5: Click on the “Apply Now” button to enter and submit the electronic application.

Health Off Exchange Plan Application Request



Minimum Coverage D EPO

Type EPO

Medical Deductible

Medical OOP Max

Office \$0

Hospital 0% after ded.

Combined OOP Max \$6,600

Combined Deductible \$6,600

Metal Tier Catastrophic

Your Estimated Monthly Premium Is **

\$412⁷⁷_{MO}

Application Request

Applying Is Fast and Easy!


Simply provide the requested information.

Age(s) shown are based on your selected effective date (10/1/2015).

Fields marked with an asterisk (*) are required.

All information provided is **CONFIDENTIAL** and is never sold or distributed to anyone for any reason!

** Once you click on Continue button, we will recalculate the premium based on the information provided and display the result on the next page.



Contact Name*

First Last

Address*

Street Address

Glendale

City

State

CA

91208

Postal / Zip Code

Daytime Phone #*

916 - 821 - 3050

*** - ** - ****

Nighttime Phone #*

916 - 821 - 3050

*** - ** - ****

Email Address*

mdiaz1@kenan.com

FAX #

- -

*** - ****

Applicant(s)

	Gender	Age	Date of Birth*	Weight	Height
Applicant:	M	26	4/1/1989		ft in
Spouse:	F	26	4/1/1989		ft in
Dependent 1:	M	14	3/21/2001		ft in

How do you want to apply?*

☒ Online Application

☐ Print The Application Kit Now (Adobe Acrobat Reader Required)

☐ Send the Application Kit to me via Regular Mail

How did you hear about us?

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Covered California – 2016 Single Quote

Covered California's 2016 Shop and Compare was available online beginning the week of Aug. 3 at <http://www.coveredca.com/shopandcompare/2016> . Consumers can look at plans and products in their area and get a preliminary estimate of costs and premium assistance for 2016 coverage. Please Note - Rates may be rounded through the Shop and Compare tool.

Quote #C	Age 55, 91206 LA county, Household 1				
	Option 1 (75,000) Single	Bronze	Silver	Gold	Platinum
	Kaiser HMO Premium	397	521	620	671
	Tax Credit	0	0	0	0
	Your Total Monthly	397	521	620	671
	Anthem PPO Premium	366	488	615	719
	Tax Credit	0	0	0	0
	Your Total Monthly	366	488	615	719

Covered California – 2016 Two Party Quote

Quote #F	Age 66 & 66, 91206 LA county, Household 1				
	Option 1 (55,000) 2-Party	Bronze	Silver	Gold	Platinum
	Kaiser HMO Premium	773	1041	1239	1341
	Tax Credit	417	417	417	414
	Your Total Monthly	355	623	821	923
	Anthem PPO Premium	731	975	1229	1438
	Tax Credit	417	417	417	417
	Your Total Monthly	313	557	811	1020

Covered California – 2015 Family Quote

Quote #D	(Single Age 60) & (Family 60, 60, 23), 93065 Ventura county, Household 1				
	Option 1 (80,000) Single	Bronze	Silver	Gold	Platinum
	Kaiser HMO Premium	580	762	907	981
	Tax Credit	0	0	0	0
	Your Total Monthly	580	762	907	981
	Anthem PPO Premium	589	800	1008	1179
	Tax Credit	0	0	0	0
	Your Total Monthly	589	800	1008	1179
	Option 2 (80,000) Family	Bronze	Silver	Gold	Platinum
	Kaiser HMO Premium	1373	1803	2146	2323
	Tax Credit	1169	1169	1169	1169
	Your Total Monthly	204	634	977	1154
	Anthem PPO Premium	1418	1894	2387	2793
	Tax Credit	1169	1169	1169	1169
	Your Total Monthly	248	725	1218	1623

KeenanDirect – For Individuals Who Are Not Medicare Eligible



Certified
Insurance
Agent

Access to all major carriers, personal attention and dedicated ongoing service



City of Glendale Dedicated Enrollment
Toll-Free Number

1-855-359-7354



www.KeenanDirect.com

**we can
help**

No Cost or Obligation!

Futuris Care – For Medicare Eligible Retirees

- A comprehensive approach to retiree medical consulting, retiree liabilities, enhancing access to Medicare plan and providing useful resources to seniors and their families
- Futuris Care offers a Medicare Exchange with an extensive network of Health plans nationwide along with a call center staffed with professional licensed Benefit Advisors
- Provides easy online tools and resources to advocate for the retiree transitioning to individual coverage



Futuris Care – For Medicare Eligible Retirees

- Finding the right individual plan is easy



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Talk with a licensed agent today!
Call us at 888-616-7130 TTY 711



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Discover Your Medicare Insurance Options

Zip Code:

Are you:

Birthday:

Plan Year:

Desired Effective Date:

See Your Plans!

 Talk with a licensed agent today! [Click to Call](#)
Call us at 888-616-7130 TTY 711


 [Agents are standing by. Click to Begin](#)
Chat with us!

Customer ID#
JP-019-19091

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Joppel.

Futuris Care Demo

Automated Choice Profiler



A Keenan Solution

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We found 71 out of 109 Medicare-approved plans for you to review.

You are currently only viewing plans that contract with Joppel. To view all plans, click on "Include plans not contracted with Joppel" from the [Filter/Sort These Results](#) screen.

[Filter/Sort These Results](#) [Compare](#)

Plan #1

Compare



Blue Shield 65 Plus Choice Plan (HMO) (MA)

★★★★★

DR Copay	RX Match
\$0	
RX Copay	Gap Coverage
\$0 - \$70	Yes
RX Deductible	Plan Type
\$0	HMO
OOP Maximum	
\$2,000	

Click to View Full Plan Details


\$0.00

Mo. Premium *

Apply Now

Plan #2

Compare



Easy Choice Best Plan (HMO) (MA)

★★★★★

DR Copay	RX Match
\$0	
RX Copay	Gap Coverage
\$0 - \$90	Yes
RX Deductible	Plan Type
\$0	HMO
OOP Maximum	
\$6,700	

Click to View Full Plan Details


\$0.00

Mo. Premium *

Apply Now

Plan #3

Compare



AARP MedicareComplete SecureHorizons Plan 2 (HMO) (MA)

★★★★★

DR Copay	RX Match
\$0	
RX Copay	Gap Coverage
\$0 - \$92	Yes
RX Deductible	Plan Type
\$0	HMO
OOP Maximum	
\$3,400	

Click to View Full Plan Details

\$0.00

Mo. Premium *

Apply Now

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Futuris Care Rates – For Medicare Eligible Retirees

Retiree Age: 65

# of Plans	Plan Type	Premium Range
17	Medicare Advantage	\$0.00 to \$28.80
39	Medigap (8 Plan F)	\$168.00 to \$225.21
14	Part D	\$15.70 to \$145.70

Retiree Age: 75

# of Plans	Plan Type	Premium Range
17	Medicare Advantage	\$0.00 to \$28.80
39	Medigap (8 Plan F)	\$240.92 to \$301.16
14	Part D	\$15.70 to \$145.70

*This market summary represents 2015 rates and will expire on 12/31/2015.

**These rates may be changed by the carriers without notice.

***2016 rates will be released in October 2015.

Futuris Care - For Medicare Eligible Retirees

Access, personal attention and
dedicated ongoing service



Futuris Care Benefit Advisors
1 (888) 616-7130

– Website:

www.Medicare.healthcompare.com/futuriscare

No Cost or Obligation!



Questions

Please join us at the Respective Tables for
KeenanDirect and Futuris Care.

Representatives from Keenan are here to
answer your questions
and address your concerns.